

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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50						
TOTAL IND.	3					
TOTAL DEP.	15					
TOTAL CLAIMS	18					

CLAIMS	IND		DEP		IND		DEP		IND		DEP	
	51	52	53	54	55	56	57	58	59	60	61	62
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100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												